

INDIVIDUAL VICTIM IMPACT STATEMENT Continued

FINANCIAL OR PROPERTY CRIME

How has the crime affected you and/or your family's life style? Please explain.

Has the crime affected your and/or your family's livelihood? Please explain.

Have you experienced any of the following reactions to the crime?

PLEASE REALIZE THESE ARE NORMAL REACTIONS TO A TRAUMATIC EVENT OR SITUATION

___ Anger ___ Anxiety ___ Fear ___ Grief ___ Numb ___ Chronic Fatigue

___ Sleep Loss ___ Nightmares ___ Appetite Change ___ Unsafe

___ Uncontrolled Crying ___ Trouble Concentrating ___ Repeated Memory of Crime

___ Depression

Please describe any other reactions to the crime committed.

What else would you like the Judge to know about the defendant(s), or your situation as a result of the crime?
